PENISTONE RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

The Medical Officer of Health

for the Year

1969

PENISTONE RURAL DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1969.

Councillor F.B. Lamb (Chairman of Public Health Committee)

" D. Jubb (Vice-Chairman of Public Health Committee)

" H.B. Garfield (Chairman of the Council)

" G.E. Mann (Vice-Chairman of the Council)

" L. Beever, J.P.

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" W. Carter.

" V. Hough.

" E. Hoyland, J.P.

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" E.E. Thorpe.

" J. Wade.

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health:

F.C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Chief Public Health Inspector and Surveyor:

L.J. PEARSON, M.R.S.H., M.A.P.H.I.

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PENISTONE RURAL DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health for the year 1969.

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To the Chairman and Members of Penistone Rural District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Rural District for the year ended 31st December, 1969.

The Birth Rate for 1969 was 13.7 per 1,000 of the population, and the corrected Birth Rate was 13.2. The Death Rate was 11.5 per 1,000 of the population, the corrected rate being 13.3. The Still-birth Rate for the year in question was 9.6 per 1,000 live and still-births; this rate represents one death. There was one infant death during the year. This was not a preventable death and the infant would have inevitably died.

Whilst the corrected Birth Rate and the Still-birth Rate were a little lower than for England and Wales and the West Riding Administrative County, the corrected Death Rate was slightly higher. Such fluctuations are of little consequence in this instance, and the statistics compare favourably with those for the rest of the country.

In the "Principal Causes of Death", diseases of the circulatory system once again headed the list, and there were 48 deaths in this section, almost half of which were caused by Ischaemic Heart Disease (coronary thrombosis). There was a decline in deaths from cancer, the number dropping by over a half, from 15 in 1968 to 6 in the year under review. This is the lowest figure of deaths from cancer since 1961. Unfortunately, one cannot read anything significant into this, as next year the numbers could well rise again. It is worth noting, however, that of these 6 deaths one was a male with carcinoma of the lung. I would be neglecting my duty if I did not once again comment on cigarette smoking, and in particular the relation between the smoking habit and heart disease in addition to its association with cancer of the lung.

The incidence of infectious diseases was the lowest since 1958, when again the figure was only 12. Of that number during 1958, 6 were Dysentery cases, 2 Measles, 2 Whooping Cough and 2 others. As you will see from the table in this document, there was no case of Dysentery notified during 1969, and one would like to think that the public's greater awareness and attention to hygiene is instrumental in eliminating the former, and that immunisation against Measles will be responsible for getting rid of that disease. It is too early yet to draw any conclusion on the effectiveness of the Measles Vaccine.

It is regrettable that I cannot report progress on the fluoridation of water supplies. All the evidence points to this being a first-class public health measure, but so far the Water Authority have made no move in this direction.

That part of the report dealing with the Sanitary Circumstances has been prepared by Mr. Pearson, the Chief Public Health Inspector.

There are 2,750 houses in the area, 2,582 of which have a public mains water supply. 164 houses are supplied from private sources. If any consumer of a private supply is anxious about its quality, we will advise and help with any necessary testing. During the year 18 samples were taken from the public supply for chemical analysis; all were satisfactory. 300 samples were examined bacteriologically, and one was found to be unsatisfactory. Of the total houses 2,664 are connected to either public or private sewer; of the remainder, 59 have privies; 27 have chemical closets.

PENKISTONE RURAL DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health
for the year 1959.

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To the Chairman and Members of Penistone Rural District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Rural District for the year ended 31st December, 1959.

The Birth Rate for 1959 was 13.7 per 1,000 of the population and the corrected Birth Rate was 13.2. The Death Rate was 11.5 per 1,000 of the population, the corrected rate being 13.3. The Still-birth Rate for the year in question was 9.6 per 1,000 live and still-births; this rate represents one death. There was one infant death during the year. This was not a preventable death and the infant would have inevitably died.

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The incidence of infectious disease was the lowest since 1958, when again the figure was only 12. Of that number during 1958, 6 were Dysentery cases, 5 Measles, 2 Whooping Cough and 2 others. As you will see from the table in this document, there was no case of Dysentery notified during 1959, and one would like to think that the public's greater awareness and attention to hygiene is instrumental in eliminating the former, and that immunisation against Measles will be responsible for getting rid of that disease. It is too early yet to draw any conclusion on the effectiveness of the Measles Vaccine.

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Much of the Public Health Inspector's work listed in this report is routine; nevertheless it is important work, essential for the continuing health of the community.

In the text of the report, as in previous years, I have included some comments on the County Council's services. These are amplified each year in the County Medical Officer's Annual Report. It occurs to me that it is not easy for members to gain an all-round picture of the Public Health services in the area without a good deal of concentrated study, and I think it may be interesting if I briefly enumerate the changes in the services and the new services provided in the divisional area over the last five years. I think it may be particularly useful to see the "state of the service" in this period, when major changes are about to take place in Local Government and the Health Service. For instance, the School Health Service has been tailored to suit present day needs by stopping routine medical examination of the four age groups, i.e. 5-years, 7-years, 10-years and 15-years. The present system now in full operation is routine examination on entering school, at 5-years of age, followed by selective examination at 7-years and 15-years. This means concentrating much more medical attention on those children who have a problem, whether it be physical or emotional. They are discovered by a comprehensive pre-medical enquiry directed at the school, the parents, the school nurses and our own medical records. In addition, we have devised a questionnaire to be completed by the teacher for a 6-year old, which is proving useful in discovering educational and emotional difficulties at an earlier age than was previously possible.

The Child Welfare Clinics also have undergone change, in two ways. Firstly, where the general practitioners have been willing to run their own Well Baby sessions, we have provided health visiting staff and food sales facilities, so that to a large extent these clinics have replaced our own, and where it is necessary to conduct our own clinics we have encouraged the nurses to undertake more of the routine work, leaving the medical staff free to concentrate on those babies with more serious physical or developmental problems. Recently a Developmental Record Card has been introduced, to tighten up our survey of these children, and to make the record-keeping as easy as possible for the health visitors and doctors.

Provision of Health Centres has made rapid strides. At present there are Centres established at Ecclesfield, Stannington and Stocksbridge. Plans are under way for three more, at Hoyland, High Green and Oughtibridge. When one considers that some of the large Southern Counties have only one or two Centres, members will appreciate how progressive is the policy of the West Riding. Naturally, the transition from clinic building/private surgery into Health Centre premises is not only an upheaval for our own staff, but for the general practitioners too. However, such problems as have arisen are minimal, and this speaks well for the goodwill of the nurses and doctors concerned. These modern buildings, with adequate space and greater professional contact, are already in my view contributing markedly to a better joint service and to the ultimate benefit of the public.

The above comments lead me on to speak of the attachment of nursing staff to specific general practices. The overall result of this has been a closer working relationship between the nurses and the doctors, and the end result as far as the Health Visitor is concerned is more work for both the nurse and the doctor, but the patient benefits by having problems followed through and properly resolved.

The Cervical Cytology Clinics have recently been changed to Well Woman Clinics. This means that in addition to having cervical smear taken the women have their blood pressure taken, have their haemoglobin estimated, their urine tested, in addition to having a full pelvic examination. These clinics operate approximately once a month, at Ecclesfield, Stocksbridge, Penistone, Hoyland and Stannington.

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We now have two direct service Family Planning Clinics in the Division, one at Ecclesfield and one at Stocksbridge, with plans to establish smaller clinics at Penistone and Hoyland in the near future.

Inevitably I reach the last paragraph of my introduction, which custom dictates is devoted to thanking the Chairman, the members of the Public Health Committee and the chief officers and staff of the Council for their help and assistance with problems encountered during the year. That these compliments are repeated annually in no way diminishes their sincerity. Without such help much would remain unaccomplished. However, I would also like to pay tribute to my own staff, to thank them for their loyalty, and to remember that but for their continued efforts behind the scenes this report would not be possible.

I am,

Yours faithfully,

F.C. ARMSTRONG

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF

1969

The Penistone Rural District covers an area of 29,002 acres. The district is divided into 10 parishes. The approximate acreage and the number of houses in each parish is as follows :-

PARISH	ACREAGE	NUMBER OF HOUSES
Cawthorne	3,709	449
Dunford	8,953	277
Gunthwaite and Ingbirchworth	2,057	120
High Hoyland	851	55
Hunshelf	1,816	95
Langsett	4,914	82
Oxspring	1,201	281
Silkstone	1,559	671
Stainborough	1,720	169
Thurgoland	2,222	551
	29,002	2,750

The Rateable Value of the district is £309,863, while the Product of a Penny Rate is estimated to be £1,243. Os. Od. as at 1st April, 1969.

VITAL STATISTICS.

POPULATION.

The Registrar-General has given his estimation of the population at the mid-year as 7,500. This is 100 more than the figure for the previous year.

BIRTHS.

There were 103 live births attributed to the district during 1969; of these 53 were males and 50 females. There were 2 illegitimate births (female).

STILL-BIRTHS.

During the year there was one still-birth (female).

DEATHS.

86 deaths were attributed to the district, a decrease of 5 when compared with the figure for 1968. Set out below are tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the country.

RATES PER 1,000 TOTAL POPULATION

YEAR	ENGLAND AND WALES	WEST RIDING ADMINISTRATIVE COUNTY	PENISTONE R.D. Crude Rate.	PENISTONE R.D. Corrected Rate.
		LIVE BIRTHS (Rates per 1,000 of the population)		
1969	16.3	16.9	13.7	13.2
1968	16.9	17.6	13.4	12.8
1967	17.2	18.0	15.6	15.0
1966	17.7	18.0	15.2	14.6
1965	18.0	18.2	17.1	16.4
		DEATHS (Crude Death Rate)		
1969	11.9	11.6	11.5	13.3
1968	11.9	11.6	12.3	14.3
1967	11.2	11.2	9.6	11.2
1966	11.7	12.1	10.6	12.3
1965	11.5	11.6	11.1	12.6
		STILL-BIRTHS (Rates per 1,000 Live and Still-births)		
1969	13.2	13.5	9.6	
1968	14.3	14.3	10.0	
1967	14.8	15.2	17.1	
1966	15.4	14.4	8.8	
1965	15.7	16.0	23.3	

PRINCIPAL CAUSES OF DEATH

	Male	Female	Total
MALIGNANT NEOPLASM			
Stomach	-	-	-
Lung and Bronchus	1	-	1
Breast	-	-	-
Other sites, including Leukaemia	3	2	5
OTHER ENDOCRINE ETC. DISEASES	-	1	1
OTHER DISEASES OF NERVOUS SYSTEM	-	1	1
DIABETES	2	1	3
CIRCULATORY SYSTEM			
Cerebro-vascular Disease	5	6	11
Hypertension with Heart Disease	2	-	2
Ischaemic Heart Disease	19	4	23
Chronic Rheumatic Heart Disease	-	1	1
Other Heart Disease	1	6	7
Other Circulatory Disease	2	2	4
RESPIRATORY SYSTEM			
Influenza	-	1	1
Bronchitis and Emphysema	6	4	10
Pneumonia	2	5	7
Tuberculosis of Respiratory System	-	-	-
Other Diseases of Respiratory System	-	-	-
DIGESTIVE SYSTEM			
Peptic Ulcer	1	-	1
Intestinal Obstruction and Hernia	1	-	1

PRINCIPAL CAUSES OF DEATH (Contd.)

		Male	Female	Total
GENITO-URINARY SYSTEM	Bt. fwd.	45	34	79
Hyperplasia of Prostate		-	-	-
Other Diseases of Genito-Urinary System		-	1	1
CONGENITAL ANOMALIES		1	-	1
ACCIDENTS AND VIOLENCE				
Motor-vehicle accidents		2	-	2
All other accidents		1	2	3
Suicide and self-inflicted injuries		-	-	-
		49	37	86

AGE DISTRIBUTION OF DEATHS

AGE GROUP	1965	1966	1967	1968	1969
Under 1 year	-	3	2	-	1
1 to 2 years	-	-	-	-	1
2 to 5 years	-	-	-	-	2
5 to 15 years	-	-	-	1	-
15 to 25 years	1	2	-	-	-
25 to 45 years	4	-	1	3	2
45 to 65 years	19	20	15	24	21
65 years and over	58	53	53	63	59
TOTALS	82	78	71	91	86

INFANTILE MORTALITY.

There was one infant death during 1969.

DEATHS UNDER ONE YEAR

Rate per 1,000 Live Births

YEAR	ENGLAND AND WALES	WEST RIDING ADMINISTRATIVE COUNTY	PENISTONE R.D.
1969	18.1	18.9	9.7
1968	18.3	18.5	0.00
1967	18.3	19.2	17.4
1966	19.0	19.8	26.8
1965	19.0	20.7	0.00

Cause of Death	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 4 weeks	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total under 1 year
Cerebral Anoxia	-	-	-	-	-	1	-	-	-	1

MATERNAL MORTALITY

There were no maternal deaths during 1969.

INQUESTS.

The number of inquests held during 1969 was five. In 22 cases the cause of death was certified after Post-mortem Examination without inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57

VITAL STATISTICS
Mothers and Infants

Live Births	
Number	103
Rate per 1,000 population	13.7
Illegitimate Live Births (per cent of total live births)	1.9
Still-births	
Number	1
Rate per 1,000 total live and still-births	9.6
Total Live and Still-births	104
Infant Deaths (deaths under one year)	1
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	9.7
Legitimate infant deaths per 1,000 legitimate live births	9.9
Illegitimate infant deaths per 1,000 illegitimate live births	-
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	-
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	-
Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still-births)	9.6
Maternal Mortality (including abortion)	
Number of deaths	-
Rate per 1,000 total live and still-births	-

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases other than Tuberculosis.

During the year 12 cases of Infectious Disease were notified. The following tables are self-explanatory.

DISEASE	1965	1966	1967	1968	1969
Scarlet Fever	1	6	10	-	4
Diphtheria	-	-	-	-	-
Measles	84	100	25	85	3
Whooping Cough	1	3	4	1	-
Pneumonia (notifiable)	-	-	-	-	-
Acute Anterior Poliomyelitis	-	-	-	-	-
Erysipelas	1	-	1	-	-
Dysentery	-	-	1	-	-
Cerebro-Spinal Meningitis	-	-	-	-	-
Food Poisoning	3	-	-	-	-
Malaria	-	-	-	-	-
Acute Meningitis	-	-	-	1	1
Meningococcal Infection	-	2	-	-	-
Puerperal Pyrexia	-	-	-	-	-
Acute Encephalitis (Infective)	-	-	-	-	1
Infective Jaundice	-	-	-	-	3
TOTALS:	90	111	41	87	12

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

DISEASE	ENGLAND AND WALES	WEST RIDING ADMINISTRATIVE COUNTY	PENISTONE R.D.
Scarlet Fever	0.33	0.59	0.53
Diphtheria	0.00	0.00	0.00
Measles	2.91	1.90	0.40
Whooping Cough	0.10	0.10	0.00
Acute Poliomyelitis (Paralytic)	0.00	0.00	0.00
(Non-Paralytic)	0.00	0.00	0.00
Dysentery	0.46	0.27	0.00
Typhoid Fever	0.00	0.00	0.00

AGE DISTRIBUTION OF INFECTIOUS DISEASES

DISEASE / AGE GROUP	0 – 1 year	1 – 2 years	2 – 3 years	3 – 4 years	4 – 5 years	5 – 10 years	10 – 15 years	15 – 25 years	25 – 35 years	35 – 45 years	45 – 65 years	65 years and over	Age unknown	TOTALS
Scarlet Fever	–	–	–	1	–	2	1	–	–	–	–	–	–	4
Measles	–	1	–	–	–	2	–	–	–	–	–	–	–	3
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Infective Jaundice	–	–	–	1	–	–	1	–	–	1	–	–	–	3
Dysentery	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute Encephalitis (Infective)	–	–	1	–	–	–	–	–	–	–	–	–	–	1
Acute Meningitis	–	–	–	–	–	–	–	–	–	1	–	–	–	1
Erysipelas	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerperal Pyrexia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Food Poisoning	–	–	–	–	–	–	–	–	–	–	–	–	–	–
TOTALS	–	1	1	2	–	4	2	–	–	2	–	–	–	12

SCARLET FEVER.

4 cases of Scarlet Fever were notified during the year, an increase compared with 1968, when there were no cases.

Once again the biggest numbers occurred in the early school years, i.e. between 5 and 10. The treatment now available for the causal infection is still effective, with the result that the disease is mild in character.

DIPHTHERIA.

No cases of Diphtheria were notified during 1969. During this year we continued the computer scheme for recording immunisation. As I explained in your last report, this use of the computer is designed to keep a very close check on those children who have not been immunised at the appropriate age, and to continue to issue repeat invitations to the parents to have the procedure carried out. As a result we have kept up a high rate of acceptance, namely over 90%.

The figures below do not seem to bear this out. The reason is a very complicated one, which I do not intend to even try to set out on paper. Like many other statistics, they cannot be read at their face value.

	1969	1968
Primary immunisations	771	877
'Booster' doses	1,751	1,121

WHOOPING COUGH.

No cases of Whooping Cough were notified during 1969.

The vast majority of the children who contract Whooping Cough when they have been immunised suffer the disease to a relatively mild degree; in fact, a great many children probably have the disease to such a mild degree that it is unrecognizable as clinical Whooping Cough. In the divisional area 755 children were immunised during 1969, compared with 877 during 1968. This figure is lower than that for last year, the reason being that in April of 1968 we switched over to the new Ministry recommended schedule of immunisation, which delayed primary immunisation to the age of six months.

MEASLES.

In 1969, 3 cases were notified. This is a decrease of 82 on the figure for 1968. The attack rate, at 0.40, was much less than that of 11.4 in 1968, and is below the national figure of 2.91. Although the biannual peaks of measles have not been so clear in recent years, nevertheless the tendency to high and low on a biannual pattern has been still evident. These figures are a clearer demonstration of this.

In 1969 the measles vaccination programme got under way again, only to be almost halted by withdrawal of supplies by one major manufacturer. However, vaccination was offered to babies at the age of 16 months and to schoolchildren between 4 and 7 years of age who had not already had the disease. In the divisional area as a whole, 386 children were immunised. In 1970 we should have a clearer picture of the uptake, when there is no interruption of vaccine supply.

POLIOMYELITIS.

There were no cases of Poliomyelitis notified during the year for your district. You will notice from the table on page 9 that there were no cases of Poliomyelitis notified for England and Wales or for the West Riding Administrative County. There can be very little doubt that this is due to the vaccination programme. Like all other vaccination programmes, once begun it is imperative that it continue. The computer method of recording immunisation is of assistance

in maintaining a high degree of vaccination, because it issues individual invitations to each child known to reside within the area. Following is given a table showing the immunisation figures for the Division as a whole.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969.

TABLE 1.

Completed Primary Courses - Number of persons under age 16.

Year of birth					Others under age 16	Total
1969	1968	1967	1966	1962-65		
11	693	63	-	4	1	772

The reduced number is accounted for by the change-over in the immunisation schedule.

TABLE 2.

Reinforcing Doses - Number of persons under age 16.

Year of birth					Others under age 16	Total
1969	1968	1967	1966	1962-65		
-	215	444	20	1,052	27	1,758

SMALLPOX.

There were no cases of Smallpox notified in the area in 1969. A total of 821 persons within the divisional area received primary vaccination, compared with 588 during 1968.

INFECTIVE JAUNDICE.

There were 3 cases notified, all in the fourth quarter.

DISEASES OF THE ALIMENTARY TRACT.

No cases of Dysentery or Food Poisoning were notified.

TUBERCULOSIS.

There were 2 cases of Tuberculosis notified in 1969, compared with 1 in 1968. Both of these had infection in their lungs.

The hard work of the hospital staff and our own, in following up contacts of the known disease and examining them for early detection of secondary disease, has continued. The Mass Radiography Service continues, whenever possible, to visit the area, but no member of the public need wait for such an occasion to arise because the Mass Radiography Centre in the city is permanently available.

B.C.G. VACCINATION.

All children in their first year at the Secondary School were offered vaccination against tuberculosis. 225 children were skin tested, to see if

immunisation was indicated; 191 of these were vaccinated. 19, who showed a positive skin reaction, did not require vaccination. 15 were absent, and these 15 will be offered vaccination next year. The vaccination procedure itself causes very little trouble and there is, as usual, a high rate of acceptance.

B.C.G. Vaccination is one of a number of preventive measures against tuberculosis infection; the others are improving housing conditions and improving nutrition, plus a better general understanding of the vital factors in maintaining good general health. This, along with the early detection of the disease through the National Health Service, and principally the Mass Radiography Service, is the reason for the present reasonably satisfactory control of tuberculosis.

BRUCELLOSIS.

On two occasions the bacterium of Brucellosis was found in a raw milk supply. On both occasions the farmers co-operated fully.

Although the risk to the consumer from this disease is very small, nevertheless it can be eliminated by drinking heat-treated milk, i.e. pasteurised or sterilised milk.

CHIROPODY SERVICE.

During 1969, 150 patients received 706 treatments at the clinic; 135 patients received 418 treatments in their own homes. This compares with 137 patients who received clinic treatment and 114 patients who received treatment at home in 1968.

After the Domestic Help Service, this is not only a useful, but a most popular adjunct to the health of the aged population. Anything that can assist to keep the elderly ambulant must be worth while.

There is a national shortage of qualified Chiropodists, and as the population tend to live longer demands on this particular branch of the service increase, and at the moment our resources are stretched to the limit. In some areas we are having difficulty in maintaining bi-monthly treatments. Happily, this is not yet so in your area.

GENERAL PROVISION OF THE HEALTH SERVICES.

HOSPITALS.

The general hospitals for the Penistone area are normally those in Barnsley and Sheffield. For some outlying parts of the district, however, the Huddersfield hospitals are more convenient.

Infectious Diseases cases are accommodated at Lodge Moor, Sheffield. Maternity cases are dealt with at the Chapeltown Maternity Home, St. Helen Hospital, Barnsley, and the Princess Royal Maternity Home, Huddersfield.

CERVICAL CYTOLOGY.

During the year we continued the service of taking cervical smears for the detection of early carcinoma of the cervix. We have continued the policy of seeking those women most at risk, i.e. over 35 years of age with 4 or more children, but have also taken in any other married women who were anxious to have the test carried out. We have not sought to publicise this very widely, but have preferred rather to seek the cases through our own nurses and through the general practitioner service, since the number of smears available is still limited, and this relative shortage of smear facilities in the laboratory is the controlling factor in the numbers we try to encourage to the clinic. The number of positive tests has been very small indeed, but we expect, as a result of having discovered these positives, that the ladies concerned will enjoy a normal life span.

LABORATORY FACILITIES.

The Public Health Laboratories at Wakefield and Sheffield are available to provide all the necessary investigations we may require in the epidemiological field. The respective Medical Directors are most willing to help and advise, and I am grateful to them.

MORTUARY.

There is a Mortuary in Penistone, and this serves the surrounding area.

AMBULANCE SERVICE.

The West Riding County Council provide ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946.

During the year no difficulty was experienced regarding staffing, and the full complement of staff of 41, plus one Station Officer, worked a three-shift system from the main operational depot at Hoyland, with an alternating shift at the new Penistone Depot, which was officially opened during 1966. There are eight vehicles at Hoyland and three at Penistone.

Liaison with all hospitals continues at a high level, and the Authority continues to work most amicably with neighbouring County Boroughs.

Ambulance calls from doctors, hospitals, institutions and members of the public, in emergencies, are received at the Station Control Room, and are competently dealt with by the efficient use of a radio communication system, ensuring speed and economical use of the vehicles, and at the same time reducing mileage to the minimum.

The majority of the ambulance personnel are competent to render first aid, and staff are encouraged to train and obtain current certificates, the County Council giving monetary recognition by way of extra pay as an incentive to qualification.

HEALTH EDUCATION.

I have given the Health Education programme for the Division as a whole this year, to give you a better overall picture. What is on offer to one area is, of course, equally on offer throughout the area. I refer in particular to the school programme in Stocksbridge.

CLINICS.

General Health Education activities were carried out in most clinics, following in the main the pattern of a monthly programme. Group discussions included hygiene, development of the baby, care of teeth, feet, home safety and diet, current topics, e.g. drug taking, sex education, etc., the usual media of filmstrips, sound-films, up-to-date posters and distribution of leaflets used in an endeavour to teach the general public an approach to good, healthy living. Health Visitors continue to discuss prophylaxis on every possible occasion, during the individual interview at clinics or during home visits. The number of mothers attending group discussion varies, according to the size of the clinic involved.

SCHOOLS.

Regular weekly visits were paid to Stocksbridge Secondary School by the Health Visitor, Health Education being given to two groups (girls aged 12 - 13 and 14 - 15 years), the usual maximum period being of a six weeks duration. These lectures are very much appreciated, and are now an established part of the school curriculum. The programmes were as follows :-

(1) Personal hygiene.

(2) Baby care.

(3) Development of a child (mental and physical).

(4) Infant feeding.

(5) Hygiene in the home.

(6) Infectious diseases, including venereal disease.

(7) Home safety.

In addition, the girls of the senior class attend the Child Welfare Centre, in small groups, in order to see the benefits of a Well Baby Clinic.

YOUNG WIVES GROUPS.

There are several Young Wives Groups, attached to different religious denominations within the Division, and Health Visitors have been asked to visit to give talks on the work of the Health Visitor, drug taking, etc. It is at these meetings that the question of Cervical Cytology and its value is discussed, and through this media it is found that many of the women within the area arrange either to attend for smear to be taken by their own general practitioner or at the Local Health Authority Clinic.

OTHER HEALTH EDUCATION ACTIVITIES.

During the year Health Visitors attended Home Safety classes, local trades fairs, and in the main arranged small displays on the dangers of poisons and drugs to the community.

RELAXATION AND MOTHERCRAFT CLASSES.

Although the Midwives are responsible for the instruction in relaxation and general mothercraft, the Health Visitors attend at least once a month and usually deal with the work of the Health Visitors and the prophylaxis available for babies and young children.

Health Education programmes in this Division are carried out in the clinics, school and during the home visits. The Health Visitors continue to promote a consciousness within the community of the necessity for good, healthy living. All staff are agreed that we are fortunate in having such a wonderful display of up-to-date materials, films and filmstrips available from the County Health Education Department. It is now very common for the general practitioners in the area to contact the Health Visitor, Midwife or Home Nurse, with regard to the provision of attractive posters to display within the surgery. The poison berries and poison fungi posters are extremely useful and much appreciated.

MOTHERCRAFT AND RELAXATION CLASSES.

These classes are held in the Child Welfare Centre at Shrewsbury Road. The relaxation exercises are generally held to be beneficial. In addition to this, it allows a number of expectant mothers to meet and discuss with each other their various trials and tribulations. There is no doubt that this is an example of a worry shared being a worry halved. The Health Visitor also talks to the mothers during these meetings about the general care of their babies and the value of immunisation.

CHILD WELFARE CLINICS.

These are held weekly (Monday) at Shrewsbury Road, and each alternate Wednesday at the Parish Hall, Church Street, Cawthorne. These days we are asking the Health Visitor to take a more and more important role in the Baby Clinic, e.g. most of the immunisation is now done by the Health Visitor, and with the current

shortage of medical staff this has been an enormous help. The Medical Officer now sees those children who are referred by the Health Visitor.

The Mobile Child Welfare Clinic visits Millhouse Green and Thurgoland each alternate Thursday, where the services afforded to the public are the same as those at the static clinics.

As always, those ladies who come voluntarily to help at the Child Welfare Clinics provide a most valuable service, and we all appreciate their efforts very much.

Below are the tables showing the various clinics held within the Penistone District and, in certain cases, figures indicating the number of attendances during 1969.

CHILD WELFARE CENTRES

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of Sessions.	Total number of attendances during the year.	
		Number who attended for first time during 1969.	Children up to 5 years.
PENISTONE Shrewsbury Road. Dr. J.M. Clarke Mrs. B. Bailey Mrs. H. Dransfield	Monday p.m.	397	2,106
CAWTHORNE (This clinic is now held at the Parish Rooms, Church Street) Golf House. Dr. A.S. Nutt Dr. J.M. Clarke Mrs. D. Gibson	Alternate Wednesdays p.m.	62	285
MOBILE CLINIC - MILLHOUSE GREEN Dr. M.R. McGinty Mrs. H. Dransfield	Alternate Thursdays a.m.	120	426
MOBILE CLINIC - THURGOLAND Dr. M.R. McGinty Mrs. B. Bailey	Alternate Thursdays p.m.	81	386

Other Clinics held at Shrewsbury Road include :-

Ophthalmological; Ante-natal Relaxation Classes;

Chiropody; Speech Therapy.

An Ante-natal Clinic is held at Shrewsbury Road Clinic every Tuesday. The general practitioners in Penistone attend alternate weeks, with the exception of the fifth Tuesday. The Midwives attend the clinics each week, and occasionally the Health Visitor is also present.

EYE CLINIC.

Sessions for patients residing in the Penistone district (both Urban and Rural areas) are held in the Shrewsbury Road Clinic one half-day or full day, on Tuesday, as the need arises. The list of children requiring examination is supplied to the Consultant Ophthalmologist, who attends personally to see those children. All but a very few are referred to him by School Medical Officers. During 1969 there were 177 attendances, of which 48 were new cases. Spectacles were provided in 62 instances.

HEALTH VISITING SERVICE.

During the year 1969 there were no changes within the Health Visiting Staff. Working in close co-operation with the general practitioners for the area the Health Visitor is actively engaged in helping to resolve family problems; she is concerned with health teaching, in visiting the very young babies, and in giving advice and help to the elderly. With her background knowledge of social problems she is able to call upon other agencies quickly, to benefit those families in special need.

The Health Visitors visited 1,063 new cases. There were, in addition to these, a number of visits made by Health Visitors outside this Division, this being caused by the attachment of staff.

The Health Visiting Staff as at 31st December, 1969 :-

Name.	Address.	Telephone No.
Mrs. H. Dransfield.	"Casamia", Moorend Lane, Silkstone Common, Barnsley.	Silkstone 302.
Mrs. D. Gibson.	Blacker House, 133, Blacker Road, Mapplewell, Barnsley.	Darton 2100.

HOME NURSING SERVICE.

During the year there were no changes in the home nursing field, relief duties provided by Mrs. Harding when necessary. The Home Nurse undertakes nursing care within the domiciliary field, in addition to the giving of injections, general nursing procedures and pre-operative preparation of patients requiring hospital treatment; she attends the general practitioners' surgeries and, where necessary, arranges a programme for patients to attend surgery for treatments, e.g. dressings, injections, etc. In addition, she is actively engaged in the rehabilitation of the handicapped and geriatric patients. Incontinent sheets and pads, nursing aids and equipment, are made available under the County Loan Scheme.

During the year the number of new cases visited was 189, and the total visits paid was 7,226. Both areas (Rural and Urban) are included in these figures.

The staff as at 31st December, 1969 :-

Name.	Address.	Telephone No.
Mrs. M.E. Henderson.	6, Greno' View, Hood Green, Stainborough.	Silkstone 293.
Mrs. J.M. Snell.	3, Windmill Lane, Thurlstone.	Penistone 2451.

MIDWIFERY SERVICE.

During the year the Midwifery Staff remained the same, although it was necessary to cover the area because of the continued sickness of one member of the staff. The Midwives attend Ante-natal Clinics held in the general practitioners' surgery and the Local Health Authority Clinic. In addition, Ante-natal and Relaxation Classes are held, when filmstrips, sound-films and visual aids are used, to prepare the expectant mother for her forthcoming confinement.

During 1969 the Midwives attended 15 cases as Midwives and 27 cases as Maternity Nurses. In 25 cases Pethidine was administered, and in 9 cases Trilene Analgesia was used.

The Midwives available as at 31st December, 1969 :-

Name.	Address.	Telephone No.
Mrs. D.S. Bowe.	"Plevna", Silkstone Common.	Silkstone 552.
Miss K. Sykes.	34, Victoria Street, Penistone.	Penistone 2267.

DOMESTIC HELP SERVICE.

There were 9,457 domestic help hours provided in the district during 1969, compared with 10,826 in 1968. In all, 15 Domestic Helps were employed in 51 homes. There were 36 cases continuing from 1968, and the following table explains the type of cases involved :-

General cases, 65 years and over ...	41
General cases under 65 years	4
Tuberculosis cases	-
Maternity cases	1
Others	5
	51

One shudders to think what the pressure on the hospitals for the elderly would be without this service. The very old would lose heart and would not trouble to cook for themselves, or even to light a fire in winter. We have seen this happen where the need for supporting services has emerged too late. In many instances the only solution has been for the patient to go into a home for the elderly, or into hospital.

NATIONAL ASSISTANCE ACT.

There was no occasion to use the provisions of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

MENTAL HEALTH SERVICE.

With the trend for Mental Hospitals adapting to care for patients on a short-term basis, more of the patients are being discharged to their own homes with the need for support and after-care from the Mental Welfare Officers.

The Psychiatric Out-patient Clinic held in this office weekly has proved such an enormous success that there is a tendency for patients to request attending here, rather than returning to the Out-patients' Department at the Mental Hospital. In spite of efforts to educate the public, there is still an old-fashioned stigma attached to anyone who is unfortunate enough to require referral to a Mental Hospital. With the opening of the Health Centre at Ecclesfield, the weekly Monday sessions held at this office have now been transferred to those new premises. Both the Consultant Staff, the Mental Welfare Officers, and not least the patients appreciate the facilities which are offered. The total number of patients attending during 1969 rose by 58, to 294, and they attended 42 clinic sessions during the year. The increase in patients seen does not necessarily follow that there was more mental illness in the district; it is in keeping with the trend for the earlier discharge of patients to their home environment.

I am happy to report that there were no serious problems or delays in obtaining beds for patients who required hospital treatment.

As in previous years, a number of students visited the Division during the year, to observe the work of Mental Welfare Officers. The majority of these young people were studying for the nursing profession, tending to specialize in mental nursing. They were also allowed to spend a limited period touring the Training Centre, to observe the work and the conditions of the junior and adult trainees who daily attend that establishment.

Admissions and Discharges - Mental Hospitals.

There were 5 patients (2 male and 3 female) admitted to Middlewood Hospital during the year, and 4 patients were discharged (2 male and 2 female). After-care was requested in 3 cases.

Mental Subnormality.

The Friday morning out-patient clinics for subnormal patients continued during the year. A total of 16 juveniles were seen over the 14 sessions. This clinic, which is welcomed by the parents of these children, gives them an opportunity to discuss their many problems with the Consultant Psychiatrist. No difficulties were experienced in placing subnormal children in short-stay care hospital beds. This service is of enormous help to parents, and is fully appreciated by myself and the Mental Welfare Officers.

The Parent/Teachers' Association at the Ecclesfield Training Centre gave valuable help in organising another successful year of social activities.

Special Care Unit.

During the year this unit was taking in its maximum number of handicapped children, and apart from holidays, sickness and other domestic problems, 11 children attended five days a week.

The following are statistics of the mentally subnormal cases in the area.

Care and Guidance.

Over 16 years.	Male.	Female.
In full employment	5	1
Fully employed and/or supervised at home ...	4	4
Training Centre	1	3
Training Centre refused	-	-
Under 16 years.		
Training Centre	1	3
Cot cases in Care Unit	-	-
	11	11

DISTRIBUTION OF WELFARE FOODS.

The amount of Welfare Foods issued in Penistone Rural District during 1969 was as follows :-

National Dried Milk	160 tins
Cod Liver Oil	28 bottles
Vitamin A and D Tablets ...	4 (packets of 45)
Orange Juice	547 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated :-

Address of Premises	Days	Times
STOCKSBRIDGE URBAN DISTRICT		
Health Centre, Johnson Street, Stocksbridge.	Thursday	2.00 - 4.00 p.m.
Brightside & Carbrook Co-op. Society, Deepcar Branch, Manchester Road, Deepcar.	During shop hours	
PENISTONE URBAN DISTRICT		
Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2.00 - 4.00 p.m.
PENISTONE RURAL DISTRICT		
Child Welfare Centre, Parish Hall, Church Street, Cawthorne.	Alternate Thursdays	1.30 - 3.30 p.m.
P. & C. Sinclair, The Stores, Halifax Road, Thurgoland.	During shop hours.	
HOYLAND NETHER URBAN DISTRICT		
Child Welfare Centre, Rockingham Youth Club, Sheffield Road, Hoyland Common.	Thursday	2.00 - 4.00 p.m.
Child Welfare Centre, 2, West Street, Hoyland.	Tuesday	10.00 - 12.00 a.m. 2.00 - 4.00 p.m.
WORTLEY RURAL DISTRICT		
Clinic, Zion Congregational Church, Langsett Road South, Oughtibridge.	Thursday	2.00 - 4.00 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2.00 - 4.00 p.m.
Child Welfare Centre, Greenhead Wesleyan Reform Chapel, Greenhead Lane, Chapeltown.	Wednesday	10.00 - 12.00 a.m. 2.00 - 4.00 p.m.

WORTLEY RURAL DISTRICT (Cont'd.)

Address of Premises	Days	Times
Clinic, Methodist Chapel, High Green.	Tuesday	2.00 - 4.00 p.m.
Health Centre, Mill Road, Ecclesfield.	Monday and Friday	2.00 - 4.00 p.m.
Clinic, Community Hall, Main Street, Grenoside.	Thursday	2.00 - 4.00 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilley Lane, Tankersley, Nr. Barnsley.	Alternate Mondays	2.00 - 4.00 p.m.
Health Centre, Uppergate Road, Stannington.	Wednesday	2.00 - 4.00 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays.	1.30 - 3.30 p.m.

SANITARY CIRCUMSTANCES

Prepared by L.J. Pearson.

WATER SUPPLIES

Houses and water supplies — 2,750 houses are situated in the area, 2,582 of which have a supply from public mains. 164 houses are supplied from private sources of supply. There are one or two instances of shared supplies in this total.

Sources of supply — Barnsley Corporation Waterworks Department, Mid-Calder Water Board and Sheffield Corporation Waterworks Department are responsible for the supplying and distribution of all public supplies in the Penistone Rural District Area.

Quality of Water — Number of samples examined:-

	Chemical		Plumbo-Solvency		Bacteriological	
	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Public Supply	9	Nil	9	Nil	300	1
TOTAL:	9	Nil	9	Nil	300	1

SEWERAGE AND SEWAGE DISPOSAL

Sewerage

Of the 2,750 houses and premises situated in the Council's district, 2,664 are connected to either public or private sewer.

The disposal of sewage from the remaining properties is by means of private cesspools and septic tank installations.

Silkstone Common

The preparation of the scheme for pumping sewage from Silkstone Common to the new Silkstone Works is still in the hands of the Consulting Engineers.

Thurgoland

The preparation of the sewage disposal scheme for the southern part of Thurgoland is in abeyance pending the result of a Ministry Enquiry of the Penistone Urban District Council proposed works at Oxspring.

Cawthorne

With the rapid development of new properties being built in the area, the existing Sewage Disposal Works is nearing capacity. Consultations have been taking place with the representatives of the Yorkshire Ouse River's Board regarding certain modifications now considered necessary at the works.

Sewage Disposal

The existing arrangements for dealing with the sewage disposal are scheduled below:-

Parish	Plant	Remarks
Cawthorne	Works modernised in 1959.	This plant deals with the sewage from the west side of the village and is situated at Dark Lane.
	Ejector Station situated in Cinder Hill Lane erected in 1959.	This plant deals with the sewage from the east side of the village.
Dunford (Dunford Bridge)	Screening chamber, detritus tank, 2 distributors and humus tanks.	Situated east of the Railway Goods Yard.
Crowedge	Modern plant constructed December, 1967.	
Gunthwaite & Ingbirchworth	Modern plant constructed 1956.	New sewers laid in 1956 allowing for dealing with 98% of the village.
High Hoyland	Settling tank.	Serving only the Council houses and situated in Margery Wood.
Hunshelf	Screen chamber, detritus tank and tippler distribution.	Dealing with the built-up area of Green Moor and situated north of the centre of Well Hill.
Oxspring	Detritus tanks, settling tank, dosing chamber, 1 distributor humus tank.	Dealing with the built-up area in the Parish and situated near Bower Hill Bridge.
Silkstone	New works constructed 1967.	
Silkstone Common	Screen chamber, detritus tank, 2 distributors and humus tanks.	Dealing with the Silkstone Common area and situated north of Throstle Nest Farm, Moorend.
Stainborough	Modern plant constructed in 1956. These works have been extended by the addition of new distributor, settling, humus and sludge tanks.	Dealing with Hood Green village and situated at the rear of the Airey houses.
Thurgoland	Settling tanks, 2 filter beds. (A complete new scheme is being prepared to replace this scheme)	Dealing with Thurgoland village and situated at Spring Wood.
Crane Moor	New modern plant completed during 1957.	New sewers were laid connecting the sewers on the northern area of Thurgoland with the new Crane Moor Works situated at Dance Lane, Crane Moor.

CONVERSION OF PRIVIES

The following tables show the number of conversions made during the year, all of which received financial assistance from the Council:-

Parish	Privy Conversion Grants	Improvement Grants
Cawthorne	-	-
Dunford	-	3
Gunthwaite and Ingbirchworth	-	-
High Hoyland	-	-
Hunshelf	-	-
Langsett	-	-
Oxspring	-	-
Silkstone	-	3
Stainborough	-	-
Thurgoland	-	2
		8

SUMMARY OF THE NUMBER OF WATER CLOSETS, PRIVIES AND PAN CLOSETS

Parish	No. of houses	No. of houses with w.c.'s	No. of houses with privies	No. of houses with chemical closets
Cawthorne	449	443	4	2
Dunford	277	240	29	8
Gunthwaite & Ingbirchworth	120	118	1	1
High Hoyland	55	54	1	-
Hunshelf	95	92	1	2
Langsett	82	71	2	9
Oxspring	281	273	7	1
Silkstone	671	663	4	4
Stainborough	169	164	5	-
Thurgoland	551	546	5	-
	2,750	2,664	59	27

Total number of Pedestal Water Closets - 2,664 (estimated)
Total number of Privies - 59 (estimated)
Total number of Chemical Closets - 27 (estimated)

Approximately 90% of the total number of houses are connected to a water carriage system.

REFUSE COLLECTION AND DISPOSAL

The whole of the district is publicly scavenged. All men are supplied with overalls, wellington boots, gloves, goggles and rainproof outfits. Two refuse vehicles are fully employed on this service:-

Make	Capacity	Year of Manufacture
Karrier	Diesel 16 cubic yards	1969
Shelvoke & Drewry	Diesel 14 cubic yards	1963

Two men and six loaders are employed on these vehicles.

Frequency of Collection

Bins in the most populated areas are emptied every 7-10 days. Bins in the sparsely populated areas are emptied fortnightly. Privies in all parts of the district every 4-5 weeks, or more frequently upon complaint.

Difficulties are experienced at various times owing to sickness of the Council's employees and at holiday periods when the teams are depleted in numbers. The Council have under consideration a Bonus Incentive Scheme for the refuse collectors.

Refuse Tips

There are three refuse tips situated in the area; the refuse is entirely disposed of by uncontrolled tipping. The main tip, situated at Cone Lane, Silkstone, is rapidly becoming full, and a new tip will be required in the near future.

PUBLIC HEALTH ACT, 1936

Sanitary Inspections - Nuisances

Total number of inspections made in 1969 for nuisances - 132
Total number of inspections made in 1969 for other purposes - 720

Nuisances found in 1969 - 26
Nuisances abated in 1969 - 25
Nuisances outstanding in 1969 - 1

No statutory action was required during the year.

HOUSING - LOCAL AUTHORITY AND PRIVATE ENTERPRISE

Summary of the number of dwellinghouses situated in the district in 1969.

Parish	New houses built 1969		No. of houses demolished 1969	Total No. of houses 1969	Total No. of Council houses	Estimated Population
	L.A.	Private				
Cawthorne	-	29	-	449	85	1,270
Dunford	-	-	-	277	35	801
Gunthwaite & Ingbirchworth	-	2	-	120	28	341
High Hoyland	-	1	1	55	10	150
Hunshelf	-	-	-	95	6	260
Langsett	-	-	-	82	-	240
Oxspring	24	2	2	281	88	832
Silkstone	-	1	-	671	240	1,982
Stainborough	-	-	-	169	50	467
Thurgoland	-	2	4	551	165	1,403
	24	37	7	2,750	707	7,746

HOUSING (FINANCIAL PROVISIONS) ACT, 1958, AS AMENDED BY THE HOUSE PURCHASE AND HOUSING ACT, 1959
DISCRETIONARY AND STANDARD GRANTS

IMPROVEMENT GRANTS, 1969

Parish	Completed to 31.12.68.		Number approved during 1969		Number completed during 1969	
	S.	D.	S.	D.	S.	D.
Cawthorne	7	40	2	6	5	1
Dunford	11	20	2	1	4	2
Gunthwaite and Ingbirchworth	4	17	-	1	-	2
High Hoyland	3	7	-	-	-	1
Hunshelf	1	6	-	-	-	-
Langsett	-	3	-	-	-	-
Oxspring	12	12	3	-	7	1
Silkstone	34	21	9	2	8	-
Stainborough	8	4	1	-	2	-
Thurgoland	20	11	3	2	3	2
	100	141	20	12	29	9

IMPROVEMENT GRANTS COMPLETED

Year	Discretionary Grants	Standard Grants
1955 - 1964	133	52
1965	12	13
1966	12	17
1967	7	12
1968	9	26
1969	9	29

Completed up to 31.12.69

150 Discretionary Grants amounting to	£51,467. 10s. 3d.
129 Standard Grants amounting to	£15,866. 7s. 5d.
	£67,333. 17s. 8d.

HOUSING ACTS, 1936 - 1959

During the year a survey of properties has been proceeding. Action has been taken on all properties which have been represented during the year, and thirteen properties were subject to either Closing or Demolition Orders.

HOUSING (FINANCIAL PROVISIONS) ACT, 1958 (AS AMENDED)

Advances were made to eight applicants, totalling £9,260. 0s. 0d., under the above-mentioned Act during the year ending December, 1969.

FOOD INSPECTION AND SUPERVISION

Number of Food Premises

List of food shops and food premises in the district :-

	Number	
General Dealers	35	
Post Offices	10	(8 are also General Dealers)
Butchers	6	
Bakehouses	2	(1 is also a General Dealer)
Fish and Chip Shops	2	
Cafes and Road Transport Cafes	9	(6 are also Licensed Premises)
Licensed Premises	24	
Slaughterhouses	1	
Ice-cream shops	2	

21 of the General Dealers sell Ice-cream.

Milk and Dairies Regulations, 1949 - 1954

There are no dairies situated within the district, other than dairy farms which come under the jurisdiction of the Ministry of Agriculture, Fisheries and Food.

Food Hygiene (General) Regulations, 1960

Sixty-two inspections were carried out at food premises other than slaughterhouses during the year. The majority of these businesses are of a family type, and are generally satisfactory.

Ice-cream Manufacturers

There are no ice-cream manufacturers situated within the district to which the Ice-cream (Heat Treatment) Regulations, 1947 - 1952 would apply.

There are 21 retailers of pre-wrapped ice-cream situated within the area; all premises are periodically inspected.

Meat Inspection

Only one slaughterhouse is now licensed, and these premises were modernised and brought up to the required Ministry standard. A 100% inspection of meat is carried out at these premises.

A summary of the inspected details in accordance with the Ministry's recommendations is as follows :-

Carcases and Offal inspected and condemned in whole or in part, 1969

	Cattle Excluding Cows	Cows	Calves	Sheep and lambs
Number killed (if known)	135	98	1	26
Number inspected	135	98	1	26

	Cattle Excluding Cows	Cows	Calves	Sheep and lambs
All diseases except Tuberculosis and Cysticerci :-				
Whole carcases condemned	-	-	-	-
Carcases of which some part or organ was condemned	21	36	-	3
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	15.6%	36.7%	-	11.6%
Tuberculosis only :-				
Whole carcases condemned	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-
Cysticercosis :-				
Carcases of which some part or organ was condemned	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-
Generalised and totally condemned	-	-	-	-

CAUSE OF CONDEMNATION AND WEIGHT OF MEAT CONDEMNED

Disease or Condition	Cows lbs.	Cattle excluding Cows lbs.	Sheep lbs.	Calves lbs.
Abscessed	52	40	-	-
Actinobacillosis	20	-	-	-
Cirrhosis	70	-	-	-
Distomatosis	180	50	-	-
Hydronephrosis (Nephritis)	8	-	-	-
Pericarditis	12	10	-	-
Pleurisy	36	-	-	-
Pneumonia	12	-	30	-
Telangiectasis	190	40	-	-
Xanthosis	20	-	-	-
	600	140	30	-

CONDEMNED MEAT

All condemned meat is coloured with special dye, and is collected by an Authorised Dealer.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Specialist contractors, in addition to our own workmen, are engaged on most of the Council refuse tips, sewers and sewage disposal works, and regular treatments are carried out; generally this method is satisfactory.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

Parish	No. of Caravans	No. of Sites
Cawthorne	10	1
Langsett	6	6
Silkstone	2	1
Stainborough	1	1

One site situated at Cawthorne was found suitable for a licence under the above-mentioned Act. Temporary licences have been issued in respect of the above sites. The majority of these caravans are occupied by weekend residents only.

BUILDING REGULATIONS AND TOWN AND COUNTRY PLANNING APPLICATIONS

During the year the following applications were received and approved :-

		Building Regulations	Town and Country Planning
1.	Houses and bungalows	56	75
2.	Garages	52	6
3.	Additions or Alterations to houses	32	11
4.	Application from Y.E.B. for overhead cables	-	5
5.	Miscellaneous	25	15
6.	Outline developments	-	14
7.	Industrial and Commercial	16	15
8.	Advertisements	-	-
9.	Agricultural	1	1
10.	Bathrooms	26	1
		208	143

During the year 1965 the Building Regulations came into force, and this complicated piece of legislation caused considerable concern in the initial stages. The Regulations are now accepted by all builders and contractors, and the administration of them is now running smoothly.

COUNCIL PROPERTY

The Council are the owners of 707 houses, both pre-war and post-war construction. Most of the repairs to this property are carried out by direct labour; at times it is inevitable because of small staff that delays occur. Generally the situation is satisfactory.

FACTORIES AND WORKSHOPS FACTORIES ACTS, 1937-1961

There are 28 factories registered in the area, 18 inspections being made during the year. No contraventions of the Act were found.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1969 FOR THE RURAL DISTRICT OF PENISTONE IN THE COUNTY OF YORKS.

Prescribed Particulars on the Administration of the Factories Acts, 1937 - 61.

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority ..	28	18	-	-
(iii) Other premises in which Sec. 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
Total :	28	18	-	-

2. Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S1)	-	-	-	-	-
Overcrowding (S2) ..	-	-	-	-	-
Unreasonable temp. (S3)	-	-	-	-	-
Inadequate ventilation (S4)	-	-	-	-	-
Ineffective drainage of floors (S6)	-	-	-	-	-
Sanitary conveniences (S7)	-	-	-	-	-
(a) Insufficient ..	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total :	-	-	-	-	-

PART VIII OF THE ACT

Outwork

Sections 110 and 111

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing) Making etc. apparel) washing and) cleaning	5	-	-	-	-	-
Household linen	-	-	-	-	-	-
Lace, lace curtains and net	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Electro-plate	-	-	-	-	-	-
File making	-	-	-	-	-	-
Brass and brass articles	-	-	-	-	-	-
Fur pulling	-	-	-	-	-	-
Iron and steel cable and chains	-	-	-	-	-	-
Iron and steel anchors and grapnels	-	-	-	-	-	-
Cart gear	-	-	-	-	-	-
Locks, latches and keys	-	-	-	-	-	-
Umbrellas, etc.	-	-	-	-	-	-
Artificial flowers	-	-	-	-	-	-
Nets, other than wire nets	-	-	-	-	-	-
Tents	-	-	-	-	-	-
Sacks	-	-	-	-	-	-
Racquets and tennis balls	-	-	-	-	-	-
Paper bags	-	-	-	-	-	-

Contd.

PART VIII OF THE ACT

Outwork

Sections 110 and 111 (continued)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Brush making	-	-	-	-	-	-
Pea picking	-	-	-	-	-	-
Feather sorting	-	-	-	-	-	-
Carding, buttons, etc.	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Basket making	-	-	-	-	-	-
Chocolates and sweetmeats	-	-	-	-	-	-
Cosaques, Christmas stockings, etc.	-	-	-	-	-	-
Textile weaving	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Total :	5	-	-	-	-	-

Signature _____

Medical Officer of Health.

31st December, 1969.